

**Social security, rural poverty and chronic illnesses
including HIV/AIDS –
A case-study of Mount Frere in the Eastern Cape**





Overview

- Introduction
- The sample households
- Methodological issues
- The household impact of HIV/AIDS, other chronic illnesses and death
- The role of social security
- Findings from the data analysis
- Conclusions and policy recommendations



ACKNOWLEDGEMENTS

- **RESEARCH TEAM**

- Economic Policy Research Institute (EPRI)
- School of Public Health at the University of the Western Cape
- Social Disadvantage Research Centre in the Department of Social Policy and Social Work at Oxford University

- **FUNDERS/ADMINISTRATION**

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- Joint Center



OBJECTIVES

- Assess social security support aimed at poverty alleviation to households with members affected by chronic illnesses including HIV/AIDS.
- Analyse the impact of chronic illnesses including HIV/AIDS and related deaths on household income, expenditure, assets, education, and food security



STUDY SETTING

- ✓ Mt. Frere Health District in former homeland of Transkei Eastern Cape Province
- ✓ Est. Pop. of 280,000
- ✓ Poverty Rate: 74% (versus 45% nationally)
- ✓ Human Development Index of 0.596 (vs 0.628 nationally)
- ✓ Infant Mortality Rate: 99 per 1000 (versus 49 per 1000 nationally)
- ✓ Highest unemployment rate in the country



The study sample

- Permission obtained from caregivers of all children admitted in hospital for malnutrition in Mt. Frere Health District (Mary Terese or Sipetu hospitals)
- Purposive sample of 30 households from 43 contacts
- Informed consent obtained
- Information collected on all members of the households



The demographics of the sample

- 103 adults of whom 48 were men and 71 were women with an average age of 36
- The children numbered 134 in total of whom 62 were female and 71 were male with an average age of 7 years
- Household size ranged from 3 to 15
- 27% of households had no male adults
- 83% of households had children less than 7 years of age



Data Collection Protocol

- Primary data collection stage
 - Discursive in depth interview
 - guided by survey instrument
 - conducted in Xhosa
 - 1.5 - 3 hours in duration
 - Dual approach
 - Provided qualitative and quantitative data
- Secondary data collection stage
 - Structured household questionnaire
 - Completed by interviewer using information from primary data collection stage



Household assets

| | |
|---|-----|
| Mud houses | 93% |
| Water from river/pond/stream | 55% |
| No toilets | 87% |
| Source of fuel | |
| Wood | 93% |
| Cow dung | 87% |
| Own livestock | 90% |

‘The only chair in the house is a school chair. An empty bottle crate is used as a second chair. The table is also a school table. A pile of ragged blankets is lying on the corner as there is no wardrobe’

--Interviewer's notes



HIV/AIDS and other chronic illnesses

- Chronic illness affected 19 households
- 15 adults and 22 children affected
- In eleven households the symptoms were indicative of HIV/AIDS
- For the majority of the adults illness had lasted between one and four years

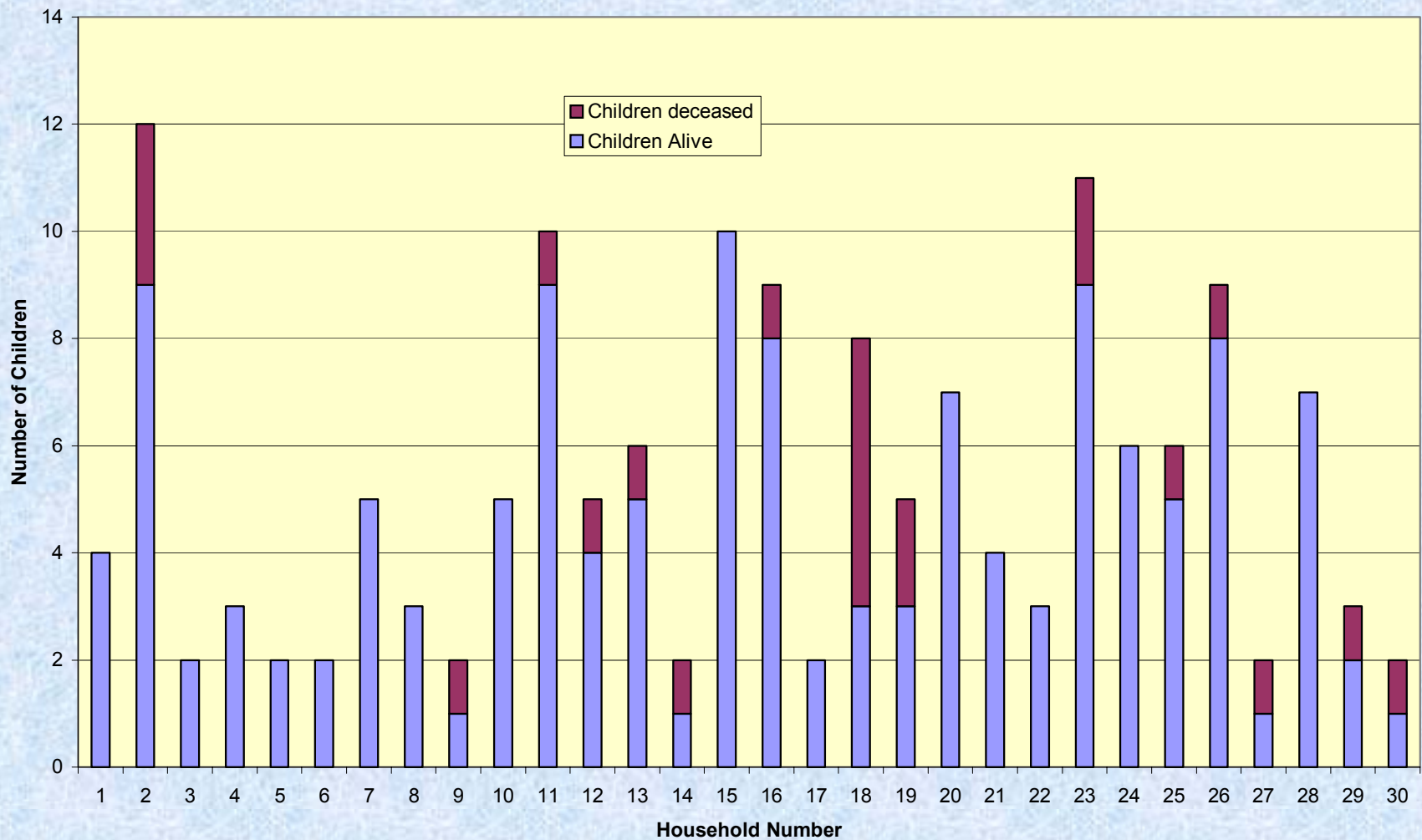


Death

- Twenty-three households reported at least one deceased member.
- In nine of these households all the deceased members were children.
- Of the six cases where the age was disclosed, one was aged 89 the others below pension age – two in their twenties, two in their thirties and one aged 40.



Children in the Study Households





Ages of Deceased Children

| | No of Children |
|---------------|----------------|
| Not known | 4 |
| under 6m | 6 |
| 6m up to 1 yr | 7 |
| 1 | 3 |
| 2 | 1 |
| 3 | 1 |
| 12 | 1 |



Causes of Death of Deceased Children

| Cause of Death | N |
|----------------|----|
| Malnutrition | 7 |
| Diarrhoea | 3 |
| Body swelling | 2 |
| Gastro | 1 |
| Vomiting | 2 |
| Stillborn | 3 |
| Unknown | 3 |
| Other | 2 |
| Total | 23 |



Households with chronic illness:

- Included more unemployed members
- Spent less on food than other households
- Did not report spending more on medical expenses



Expenses Relating to Death

- The costs of funerals and food purchases associated with mourning are high.
- In eight households the family paid for the funeral through sale of livestock and/or took out a loan.
- The culture of reciprocity or “gift-exchange” at the time of a death imposes a cost burden on neighbours as well as the bereaved family.



Role of Social Security Grants

- Social security grants provided a critical cushion against income failure caused by:
 - high unemployment
 - Meagre, intermittent forms of self-employment heavily reliant on local weather patterns
 - Infrequent remittances interrupted by retrenchment, death or industrial action
- In case of Old Age and Disability Grants provides a general household source of income (not just income for the beneficiary)

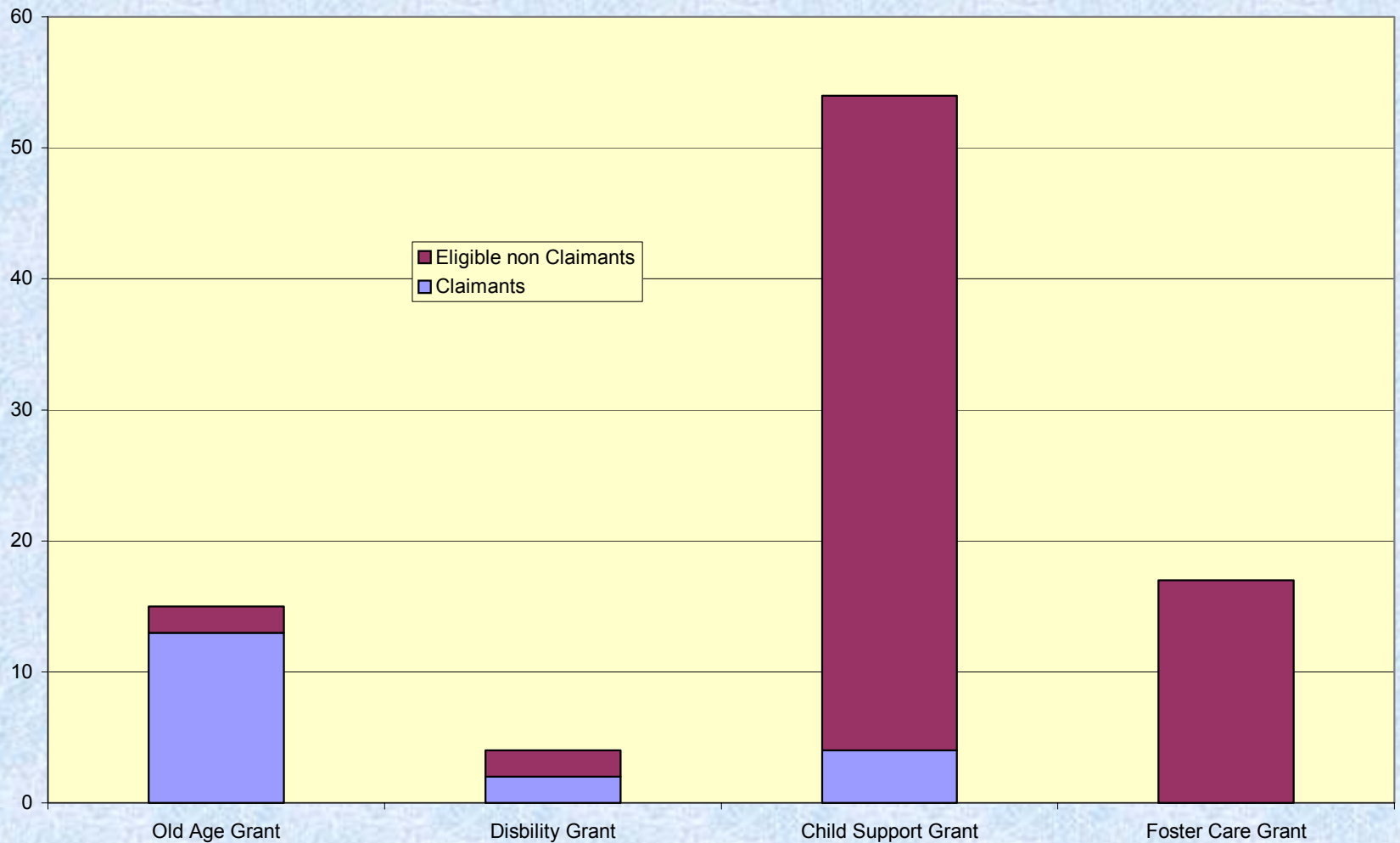


Take up Rates of Social Security Grants

- Old Age Grant 87%
- Disability Grant 50%
- Child Support Grant 7%
- Foster Care Grant 0%



Claimants and **Eligible Non-Claimants** of Social Security Grants



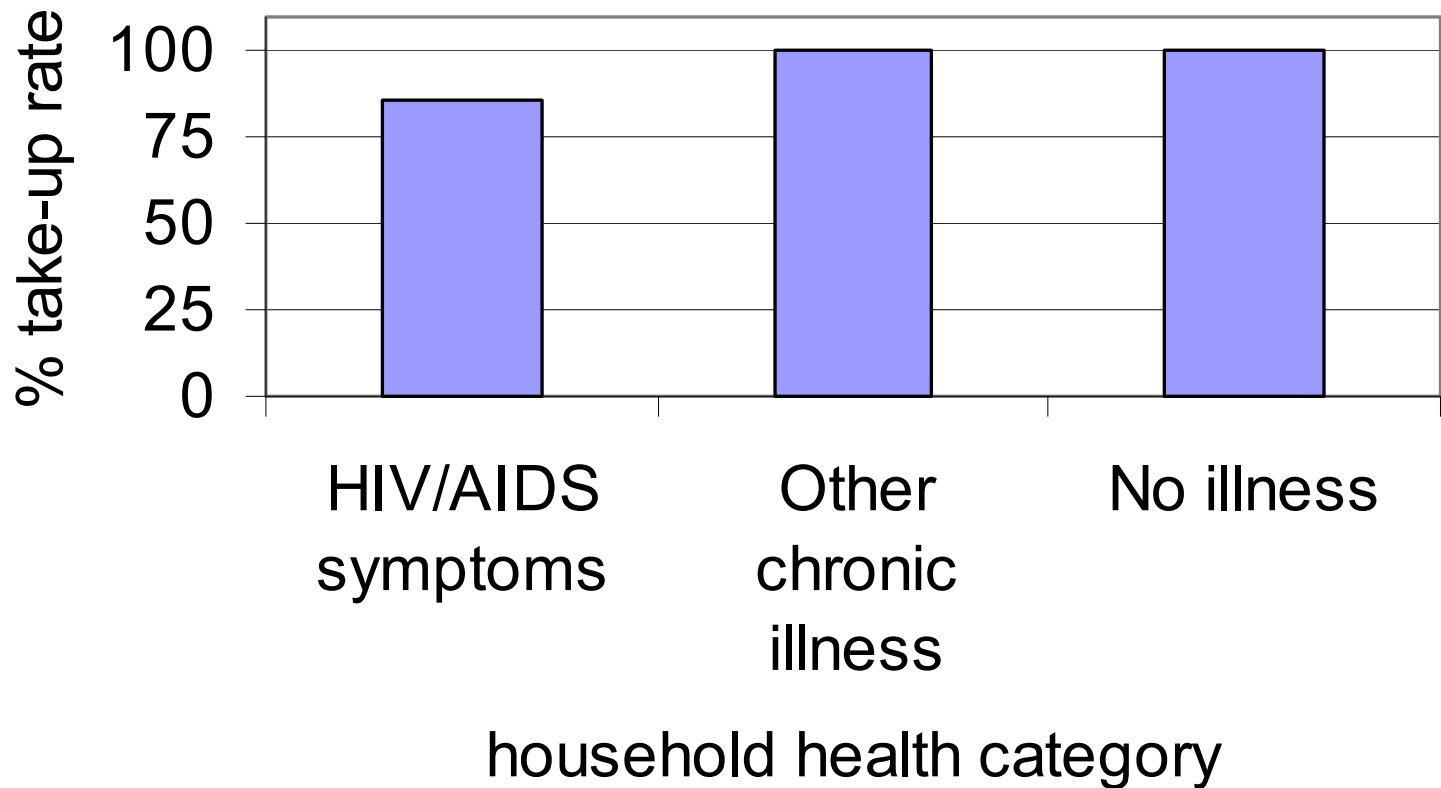


Reasons for failure to take-up grants

- Lack of Information and awareness of eligibility (especially with the CSG and Foster Care Grant)
- Cost or lack of adequate transportation to get to application points
- Bureaucratic problems and resource deficits
 - under-staffing
 - administrative backlog
 - the over-extension and poor training of existing staff
 - limited access to facilities such as telephones, computers, forms, office supplies, and fax machines

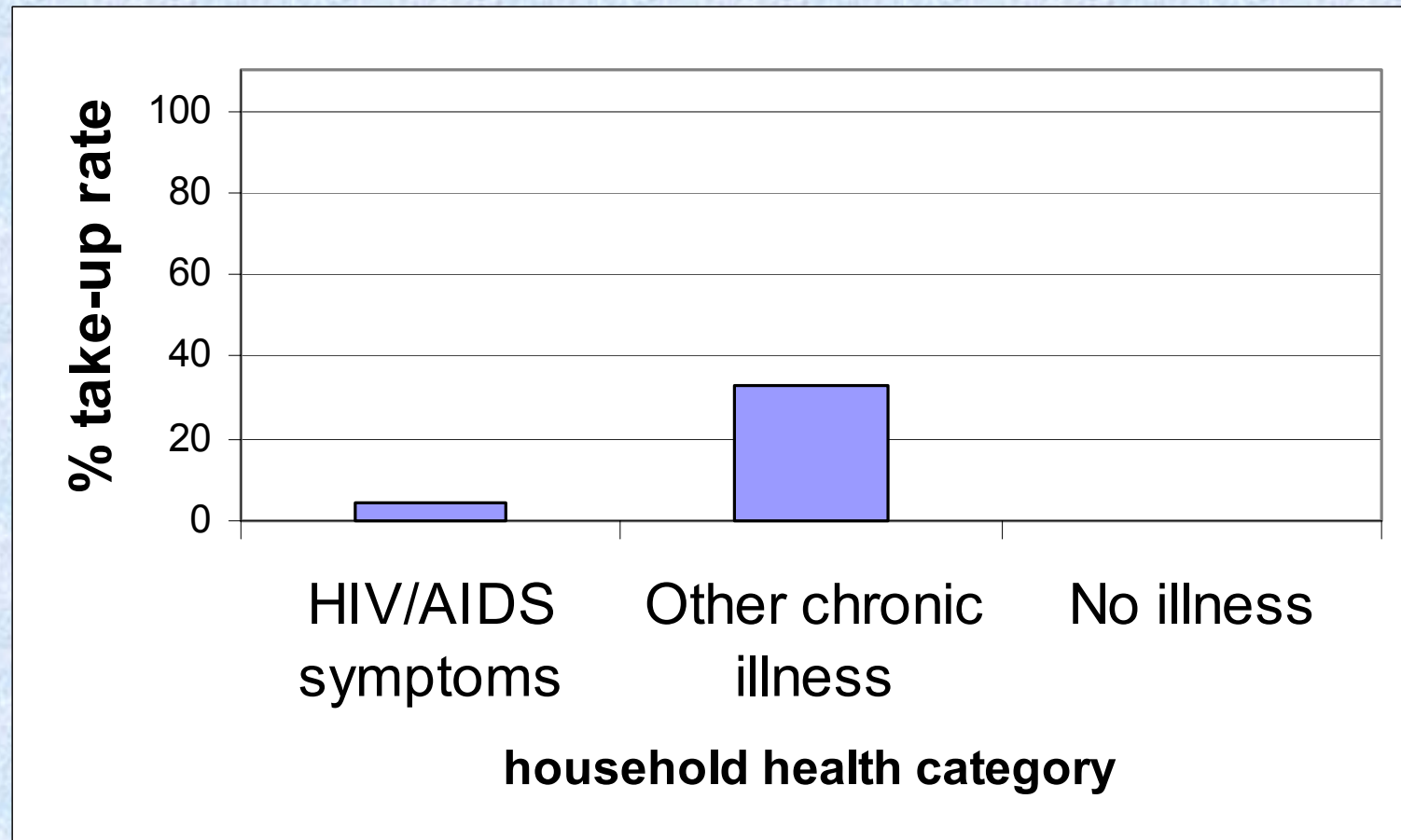


State Old Aged Pension take-up rates by household health category



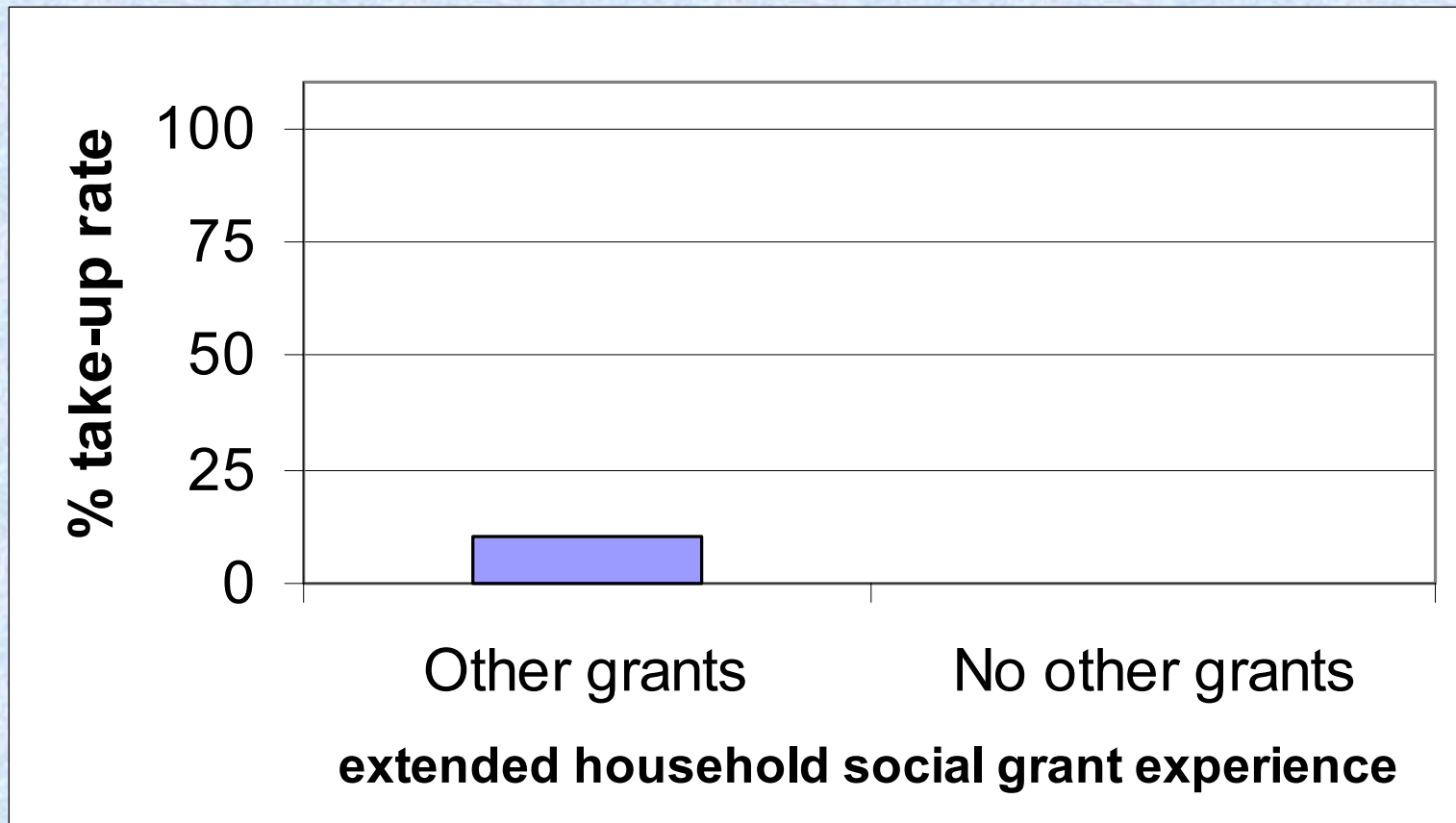


Child Support Grant take-up rates by household health category





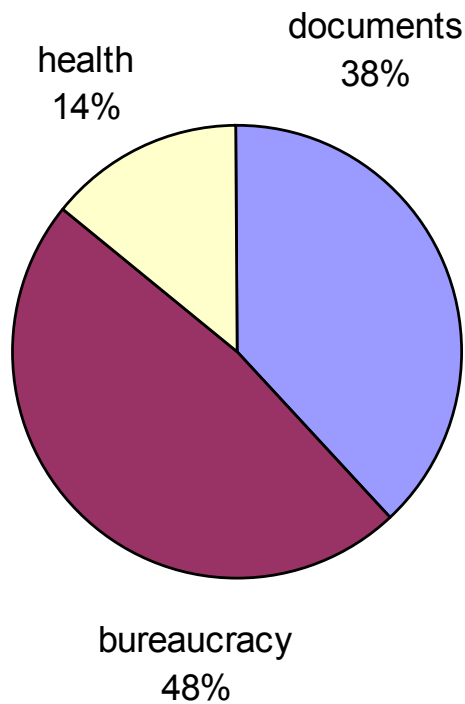
Child Support Grant take-up rates depend on experience with other social grants



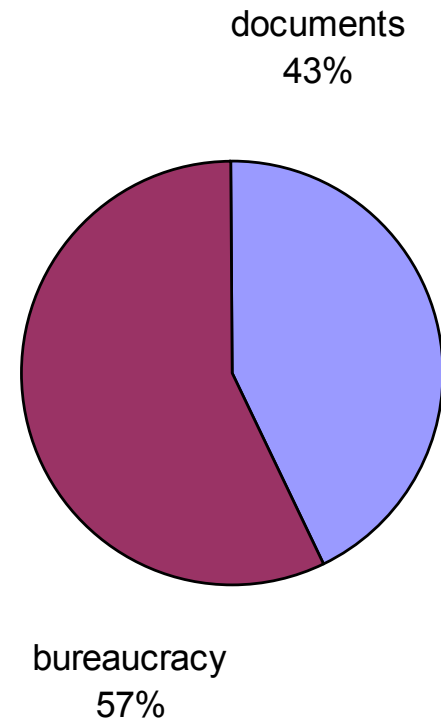


Major reasons cited by households for failure to receive child support grants

Households receiving no other grants

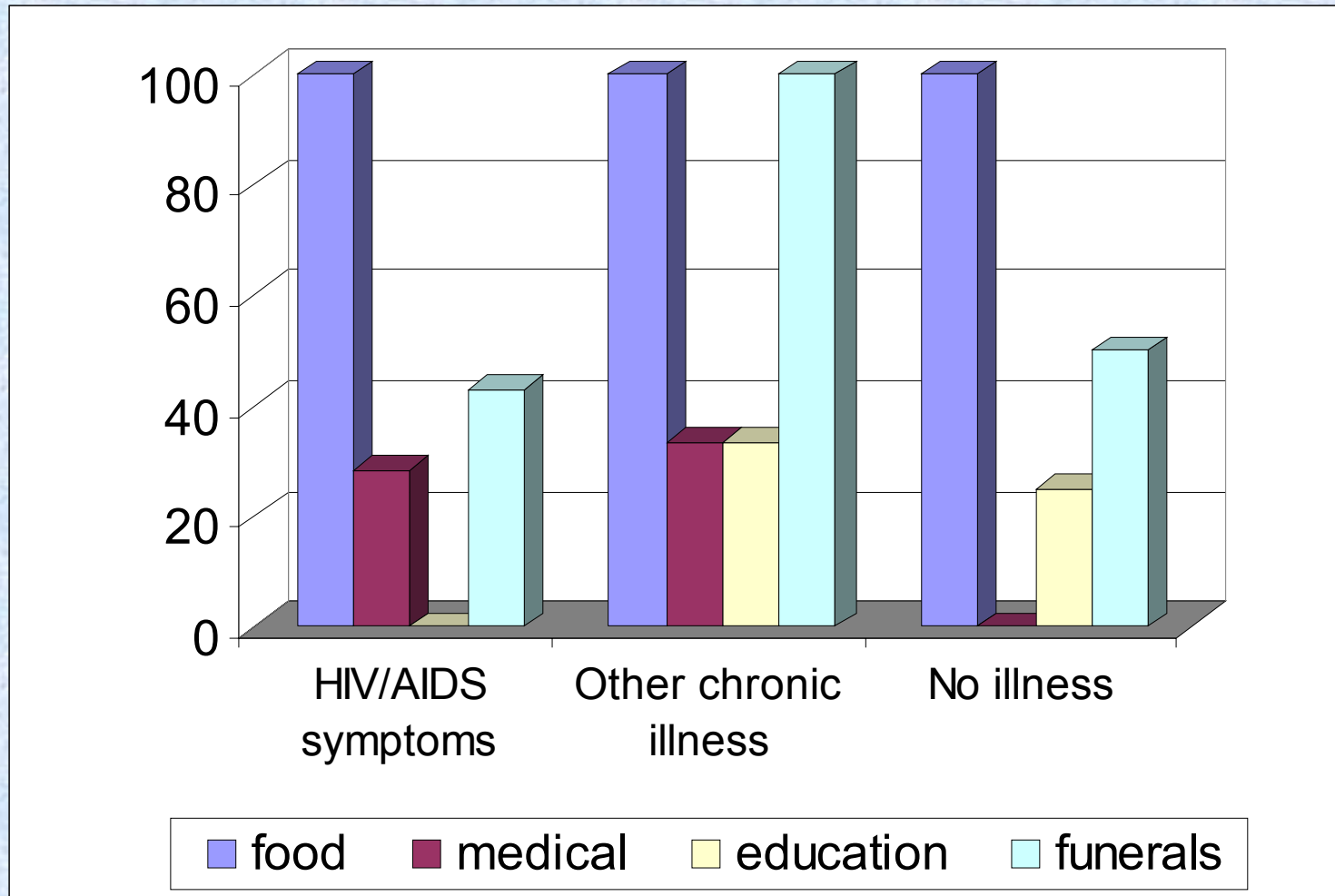


Households receiving other grants



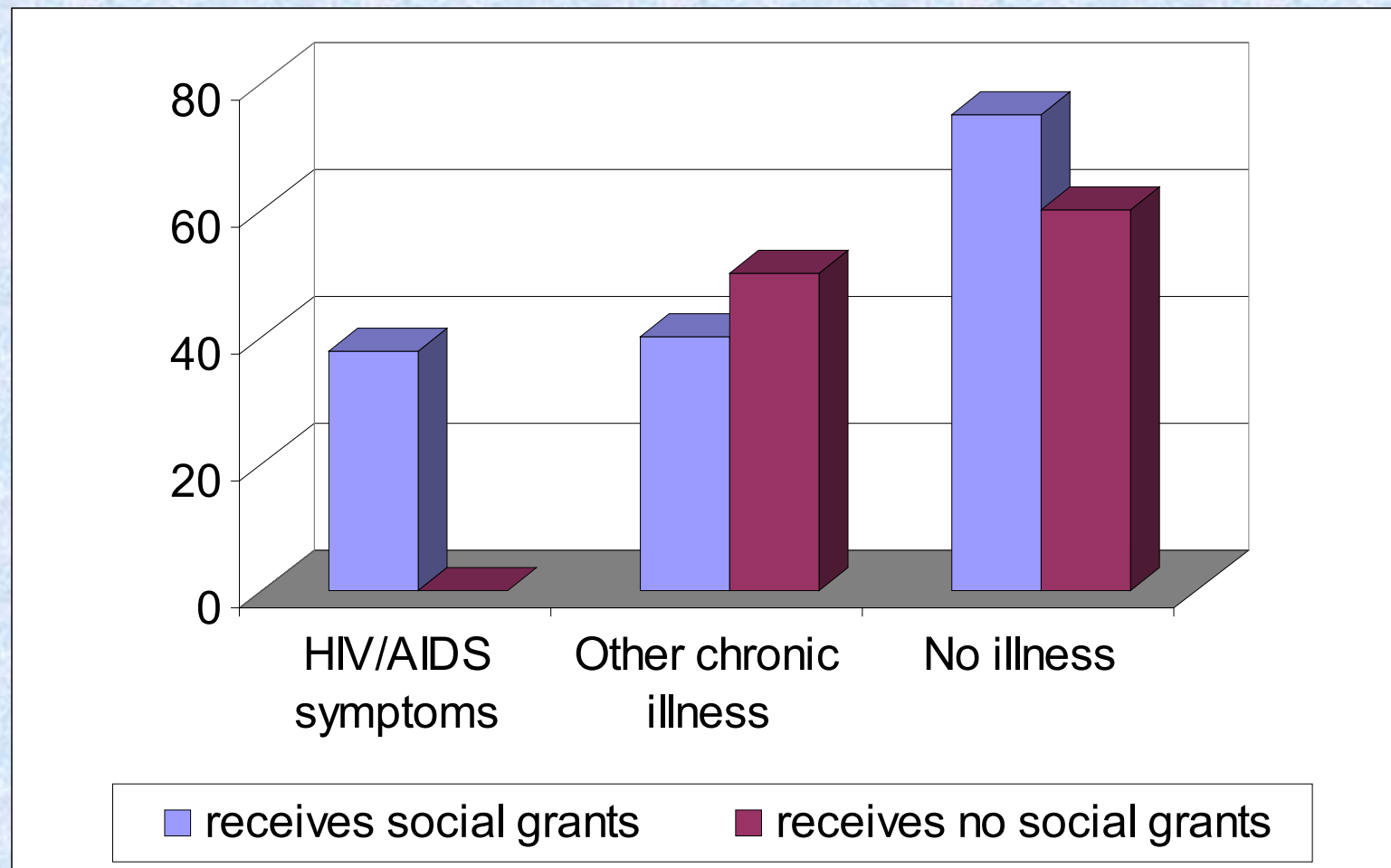


How households increase spending when receiving a social grant (by category)





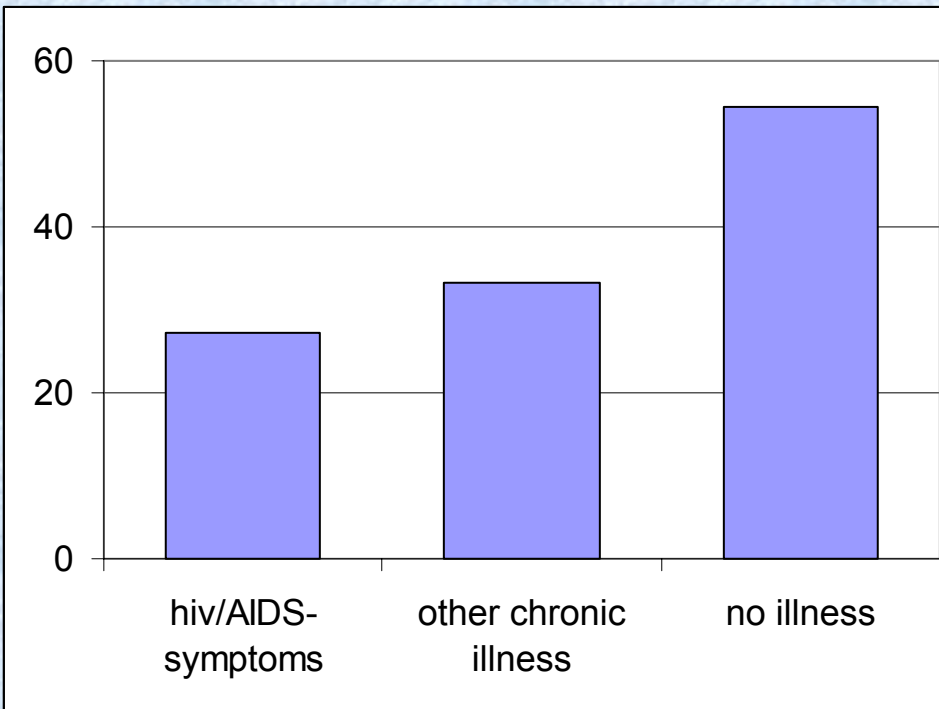
% of households selling livestock in past year (as % of households owning assets)



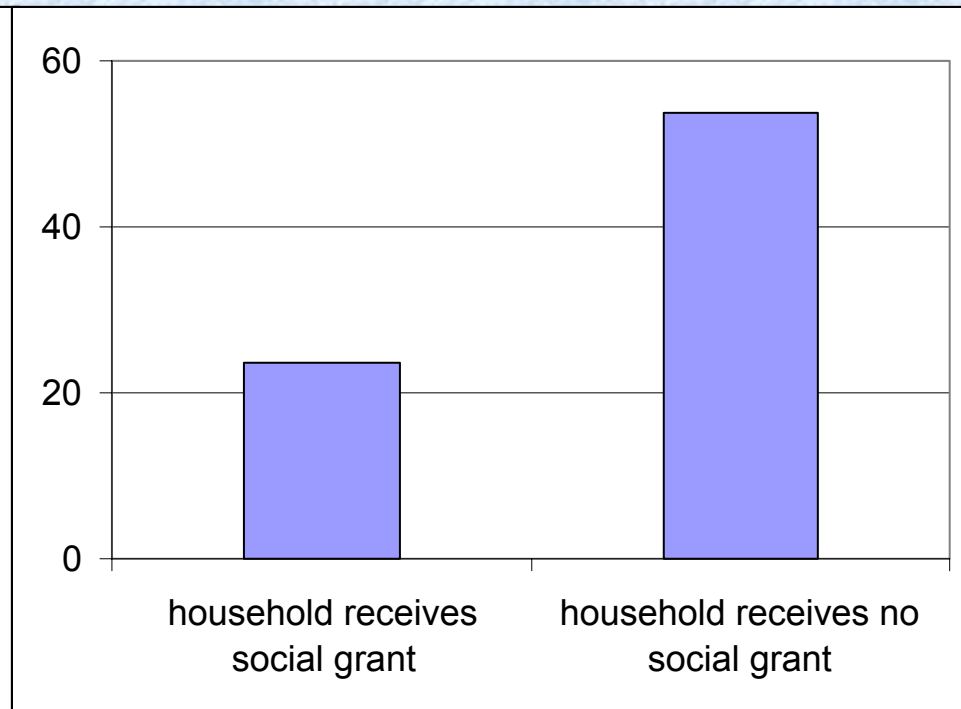


Percentage of households with school-aged children leaving school

By household health category

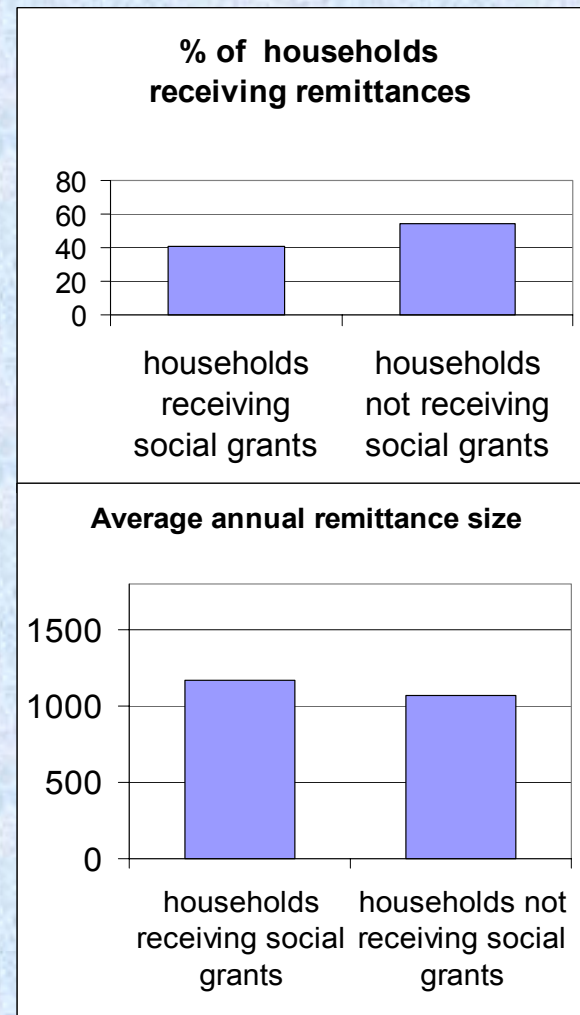
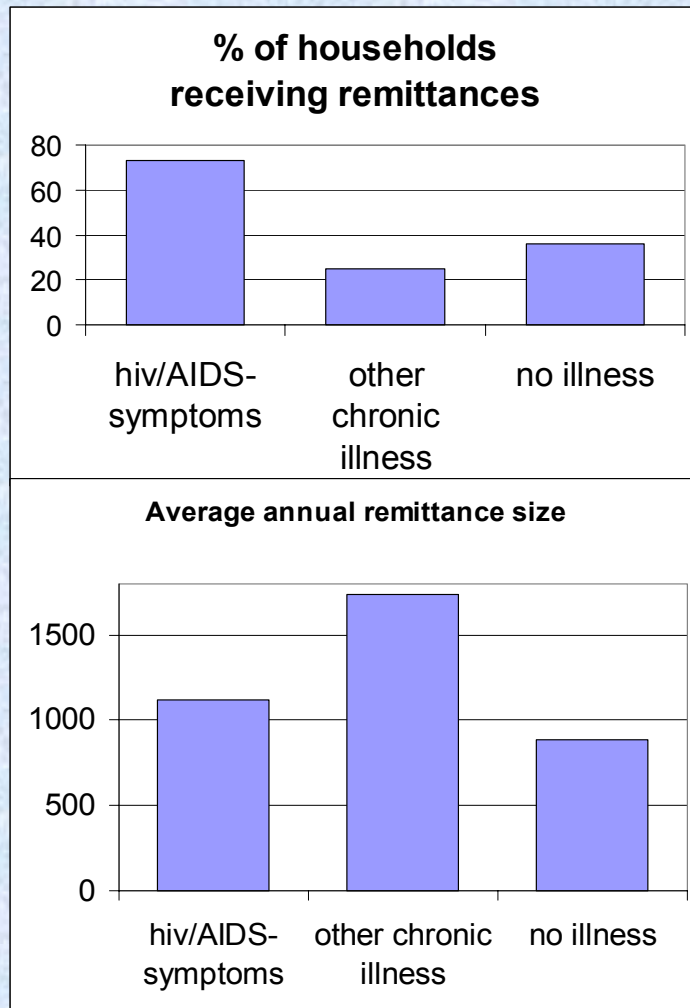


By social grant category



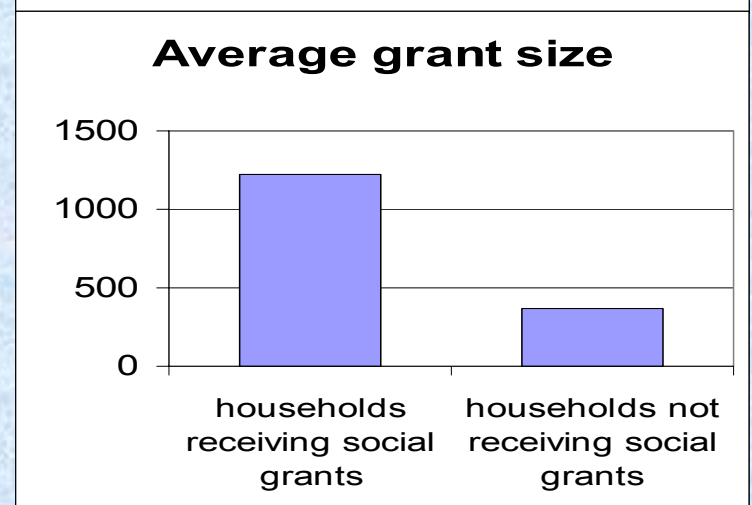
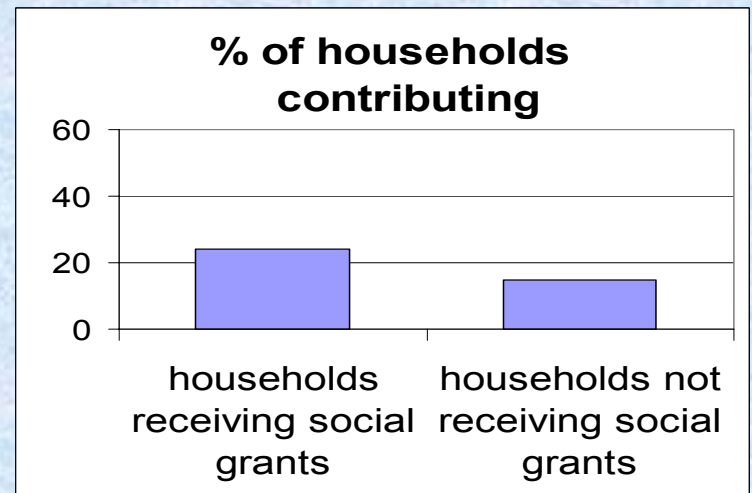
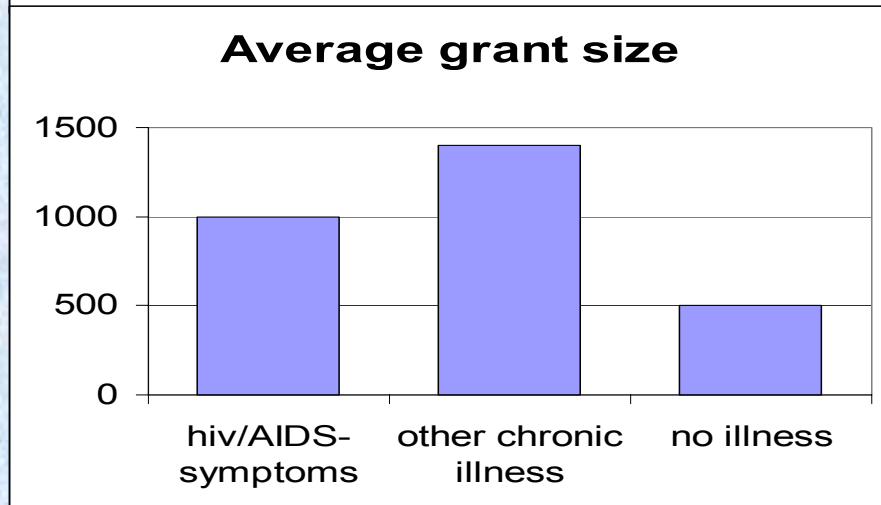
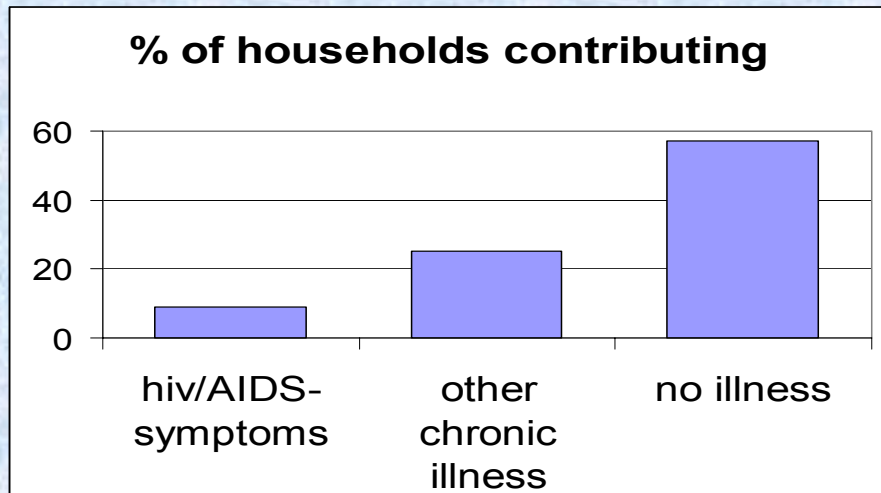


How does HIV/AIDS and social security affect the receipt of private remittances?





How does HIV/AIDS and social security affect the contribution of private remittances?





- **Conclusions**

- the extreme vulnerability to income failure
- income and expenses shared widely
- HIV/AIDS increases probability of income failure, particularly over the medium term

- **Policy recommendations**

- Comprehensive social security reform addressing persistent income failure
- Strengthening the social security delivery system
- Coping with the costs of food, education and funerals